

*A Case Study*

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# Mama Mkubwa Psychosocial Support Program



MEASURE Evaluation  
&  
The Salvation Army: Tanzania Command



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# Mama Mkubwa Psychosocial Support Program

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*With Support from The Salvation Army*



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Cover photo by Felix Masi/Voiceless Children, courtesy of Photoshare.

## Acronyms

DSW	Department of Social Welfare
GOT MoHSW	Government of Tanzania Ministry of Health and Social Welfare
IGA	income-generating activities
MVC	most vulnerable children
MVCC	most vulnerable children committee
NBS	National Bureau of Statistics
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PLHA	people living with HIV and AIDS
R&AWG	Research and Analysis Working Group
TACAIDS	Tanzania Commission for AIDS
TSA	The Salvation Army
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund

# Executive Summary

An estimated 12 million children aged 17 and younger have lost one or both parents to AIDS in sub-Saharan Africa (*UNICEF, 2006*). Despite recognition of the magnitude and negative consequences of this problem, there is little evidence on “what works” to improve the well-being of children affected by HIV and AIDS. In an attempt to fill this knowledge gap, MEASURE Evaluation is conducting targeted evaluations of five programs for orphans and vulnerable children (OVC) in five unique settings — two in Kenya and three in Tanzania. Case studies are the first phase of MEASURE Evaluation’s targeted evaluations and begin the process of information sharing on lessons learned in programming for OVC. Additional evaluation activities include impact assessments and costing studies of each program.

This case study was conducted to impart a thorough understanding of The Salvation Army’s (TSA) Mama Mkubwa Psychosocial Support Program model and to document lessons learned that could be applied to other initiatives. While TSA is additionally piloting the WORTH Program in Tanzania intended to improve economic security of OVC, this case study focuses on the Psychosocial Support Program. Case study information gathering activities included program document review and program site visits. The primary audience for this case study includes OVC program implementers in Tanzania and elsewhere in Africa, as well as relevant policy makers and funding agencies addressing OVC needs.

TSA’s Mama Mkubwa Psychosocial Support Program was selected as a priority program for the evaluation. The program is funded by the U.S. President’s Emergency Plan for AIDS Relief and focuses on community sensitization and mobilization. TSA aims to strengthen community capacity and response to the needs of OVC and their families. Program goals are to:

- strengthen community-based responses to meet the needs of OVC;
- and provide psychosocial support for OVC.

To accomplish program goals, TSA focuses on building capacity at the community level, aiming to empower communities with skills for collective identification of the problems faced by children, youth and families as well as collective resources for addressing identified problems; provision of psychosocial support through implementation of kids clubs; and ongoing support to OVC and their families through home visiting.

TSA mobilizes trains and provides ongoing support to community-based Mama Mkubwa committees. These volunteer committees identify vulnerable children and families and visit them regularly in their homes to provide psychosocial and practical support. Committees additionally create and maintain kids clubs that meet regularly and are open to all children in the community. Community counseling conducted by Mama Mkubwa volunteers aims to sensitize community members and mobilize resources to meet the needs of OVC.

TSA strives to strengthen communities through mobilization and strengthening of existing potential and resources, and therefore an expected degree of variation in program services is present among communities. Volunteers provide varying levels of psychosocial support to OVC and their caregivers; education support; HIV prevention education; and community sensitization and mobilization. Remaining unmet needs include the specific needs of adolescents (e.g. life skills and livelihoods training/opportunities); health and nutritional support; and income generation or microcredit opportunities for caregivers. Microcredit and income generation needs will be addressed through implementation of TSA's WORTH training program for women in some Mama Mkubwa Program sites.

The case study identified several program challenges. Mama Mkubwa committees have found it difficult to meet the overwhelming needs of vulnerable families. Committees rely primarily on resources and infrastructure available in the community. In many communities, especially in rural areas, resources and services including social, medical, and transport services are limited. These groups are challenged to implement kids clubs with little guidance or training; however a kids club resource guide is reportedly under development. Finally, Mama Mkubwa committee members highlight the need for some type of incentive, such as income generation activities or microcredit opportunities, to sustain them in their volunteer work. TSA field staff note challenges including completion of community engagement within the short time allotted, volunteer and local leader requests for compensation, and challenges to ongoing supervision given a large and geographically dispersed caseload. Field staff additionally identified challenges in the regional-level workshop model for volunteer training; training organized at the village or district level that is inclusive of all committee members is preferred.

Much of TSA's success and innovation lies in their community engagement process that fosters community ownership. The Mama Mkubwa program



empowers local leaders to initiate and monitor activities in their communities focused on identification of and assistance to vulnerable children and families. Community-based activities and services are the result of local action planning that stimulates dedication and mobilization of local resources such as volunteer time, goods and money. Action planning based in the community reduces dependency on TSA, fosters ownership, and unites community members in addressing the needs of vulnerable children and families. Community responsibility to meet material and service needs of OVC and families is encouraged and strengthened. While there are limits on the extent to which poor communities can provide goods and services to those in need, the model demonstrates the power and commitment of communities to take action on behalf of their most vulnerable members. In urban environments where community sensitization and mobilization is often more challenging and obtaining support from local leaders difficult, field staff members have developed techniques to strengthen the engagement process. In all communities, youth are involved in Mama Mkubwa committee work; this youth inclusion demonstrates a commitment to incorporating the ideas and experiences of youth in program implementation and fosters youth leadership skills.

By 2010, TSA aims to serve 40,000 OVC through the establishment of 300 Mama Mkubwa committees in Tanzania. To complement lessons learned through this case study, MEASURE Evaluation plans to conduct an impact assessment of the program in 2007 in Mbeya Rural District of Mbeya Region. A household survey among children and their guardians will be conducted within intervention communities where the program has been in operation for over four years as well as in comparison communities. Impact assessment communities are in close proximity and contextually similar to the Mbeya Region communities visited during case study information gathering, and in fact one of the case study communities, Shilanga Village, will serve as an intervention community in the impact assessment. The impact assessment presents an opportunity to examine child outcomes resulting from TSA's community action and psychosocial support model.

## Introduction



A young girl who lost her parents to HIV/AIDS sits at the doorstep of her classroom at a rescue center for AIDS orphans in Kenya's largest slum Kibera. On her pair of socks she has an AIDS campaign logo which tells it all. The little girl is not only an orphan but also a crusader in the fight against the killer disease. 2005. Photo by Felix Masi/Voiceless Children, Courtesy of Photoshare.

Worldwide, the number of children under age 18 who have lost one or both parents to AIDS stands at more than 14.3 million (*UNAIDS, UNICEF & USAID, 2004*). Many more children live with one or more chronically ill parent. The vast majority of these children live in sub-Saharan Africa. Despite recognition of the magnitude and negative consequences of this problem, there is little evidence on “what works” to improve the well-being of children affected by HIV/AIDS. Given the lack of information on the impact of care and support strategies for OVC, there is an urgent need to learn more about how to

improve the effectiveness, quality, and reach of these efforts. In an attempt to fill these knowledge gaps, MEASURE Evaluation is conducting targeted evaluations of five OVC programs in five unique settings, two in Kenya and three in Tanzania. The Mama Mkubwa Psychosocial Support Program of TSA was selected as a priority program for the evaluation.

TSA's Mama Mkubwa Psychosocial Support Program is funded by the Emergency Plan through U.S. Agency for International Development (USAID) as part of TSA's larger initiative entitled Sustainable Community Support for Orphans and Vulnerable Children in Tanzania and Uganda. Within Tanzania, the psychosocial support program is complemented by the WORTH Program, which aims to improve economic security of OVC through opportunities for women to strengthen literacy and income generating skills. This case study report focuses on the psychosocial support program.

TSA's psychosocial programmatic response for OVC mobilizes volunteers to form community-based Mama Mkubwa committees dedicated to identifying and addressing the needs of vulnerable children and families. Mama Mkubwa program strategies are in alignment with Emergency Fund strategies focused on:

- mobilizing and supporting community-based responses; and

- utilizing advocacy and social mobilization to create supportive environments and reduce stigma and discrimination.

The program addresses the needs of vulnerable children and youth by targeting, mobilizing, and monitoring communities to support OVC and their families. Resulting activities implemented by community Mama Mkubwa committee members contribute to more supportive environments for OVC and their families. For individual children and youth, a more supportive, proactive, and responsive community providing assistance, counseling, and recreational activities is intended to improve mental and social health; increase access to education and improve individual attendance; and reduce isolation, stigma, and discrimination at community and household levels.

This case study was conducted to impart a thorough understanding of TSA's OVC program model and document lessons learned that can be applied to other OVC initiatives. The primary audience for this case study includes OVC program implementers in Tanzania and elsewhere in Africa, as well as relevant policy makers and funding agencies addressing OVC needs. The case study is informed by program document review; program site visits including discussions with local staff, volunteers, beneficiaries, and community members; and observations of program activities. The program model is described in-depth, including a description of key program activities, methods of beneficiary selection, services delivered, unmet needs and approaches to working with the community. Program innovations and challenges are also detailed. It is our hope that this document may stimulate improved approaches in the effort to support OVC in resource-constrained environments.

Case studies are the first phase of MEASURE Evaluation's targeted evaluations. Additional evaluation activities include an impact assessment and costing activity of each of the five selected programs, including the TSA's Mama Mkubwa program. Best practices relating to improving the effectiveness of OVC interventions will be identified and disseminated. This document seeks to begin the process of information sharing on lessons learned in OVC programming.

## Orphans and Vulnerable Children in Tanzania



Children at kids club in Ngulilo line up for a race.  
Photo by Megan Littrell.

HIV and AIDS prompted the declaration of a national disaster in Tanzania, and the epidemic is a top government priority development issue. AIDS has contributed to declines in life expectancy and gross domestic product and productivity, as well as increased infant and child mortality, poverty, household dependency ratio, and absolute number of orphans (*TACAIDS, NBS & ORC Macro, 2005*). The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 6.5%

of all adults aged 15 to 49 are HIV positive (*UNAIDS, 2006*). According to a Tanzania HIV/AIDS indicator survey conducted in 2003-04, orphan prevalence (children under 18 who have lost one or both parents) is 11% (*TACAIDS, NBS & ORC Macro, 2005*). UNAIDS (2006) estimates indicate that 1.1 million children living in Tanzania have been orphaned by AIDS.

Children affected by HIV and AIDS often live in households undergoing dramatic changes including intensified poverty; increased responsibilities placed on young members of the family; poor parental health that may increase emotional or physical neglect; stigma and discrimination from friends, community members, or extended family; and parental death. These changes often result in reduced household capacity to meet children's basic needs. Orphaned children may undergo a transition to a new household or, in relatively few cases, be forced to head their own households. Orphans are more likely to live in households with higher dependency ratios, may experience property dispossession, often miss out on opportunities for education, may live in households experiencing food insecurity, and often experience decreased emotional and psychological well-being due to such dramatic life changes, challenges, and losses (*UNICEF, 2006*).

Emerging information on the impact of the epidemic on children has increased attention on orphans and other children affected by HIV and AIDS. The Tanzanian Department of Social Welfare (DSW) recognizes how HIV and

AIDS may result in children affected by chronic poverty, disability, and other social problems. In response, DSW with support from UNICEF developed guidelines for support to most vulnerable children (MVC). MVC are defined based on criteria agreed upon by community members. Based on initial identification of MVC in 19 districts, an estimated 5.3% of all Tanzanian children can be classified as MVC (*GOT MoHSW, 2006*). The recently released *The Costed MVC Action Plan 2006-2010* (*GOT MoHSW, 2006*) outlines guidelines for MVC identification and service provision. Key components of the plan include mobilization of community MVC committees (MVCC) responsible for identification and support to MVC in collaboration with local government and with support from community members. National civil service organizations and international nongovernmental organizations (NGO) are expected to work in collaboration with MVCCs to provide a package of services outlined in the plan. Efforts are currently underway to operationalize the plan with specific definitions of service package components.

At the local level, many communities in Tanzania have not been sufficiently mobilized to address the needs of vulnerable children and their families. Response to the needs of OVC will require greater emphasis on strengthening community-based action mobilized through community dialogue (*GOT MoHSW, 2006*). Focused on community sensitization and mobilization, TSA aims to strengthen community capacity and response to the needs of OVC and their families. In addition, where active, Mama Mkubwa committees work in support of MVC committees, serving OVC identified through the MVC identification process and providing support to children and families in collaboration with MVC committees.

## Methodology



Mama Mkubwa volunteer Eliud White records attendance at a kids club in Shilanga. Photo by Megan Littrell.

### Information Gathering

Case study activities were completed during June through August 2006 and included interviews and group discussion with TSA staff, volunteers, and community members; program document review; and observations of program activities, such as community counseling/sensitization, home visiting, and kids clubs. From nine regions of operation, TSA selected Mbeya Region for a 10-day program site visit. Within Mbeya Region, the TSA field supervisor selected Shilanga and Ngulilo villages for

site visits. Focus on these villages provided an opportunity for observation of a long-standing program in operation since 2002 (*Shilanga*) and a newer program in operation since March 2006 (*Ngulilo*).

### Focal Site

Mbeya Region was selected as the focal site for case study and impact assessment activities; this region is one of the hardest hit by HIV and AIDS with the highest HIV prevalence in Tanzania at 13.5% in 2003-2004. Mbeya also has the highest orphan prevalence in the country at 17.4% in 2003-2004 (*TACAIDS, NBC & ORC Macro, 2005*). Mbeya Region is located in southwestern Tanzania and borders Malawi and Zambia. Rural residents of this region are primarily subsistence farmers.

TSA initiated the Mama Mkubwa Program in Mbeya Region in 2002. Under previous funding sources, the program was introduced in Shilanga village of Mbeya Rural District in March, 2002. Mbeya Rural HIV prevalence is 13.5% and orphan prevalence 13.2% (*R&AWG, 2005*). In 2006, TSA expanded the Mama Mkubwa Program with Emergency Plan funding in Ngulilo village of Ileje District. HIV prevalence in Ileje is 13.5% and orphan prevalence is 10.7%. Both Mbeya Rural and Ileje Districts are among the poorest in the region, with 31% of the population living below the basic needs poverty line (*R&AWG, 2005*).

# Program Model



TSA supervisor and Ngulilo Mama Mkubwa volunteers on a journey to conduct home visiting.  
Photo by Megan Littrell.

## Overview and Framework

*“The idea is that no one knows everything. We must exchange ideas to solve problems. We can find ways to solve problems in our own communities.” — TSA field supervisor*

In response to the needs of children, youth, and families, TSA’s focus and resources are directed at the community level to sensitize and mobilize communities and build their capacity to meet the needs of OVC. Initiated in 2002 and supported by the Emergency Plan since April 2005, the Mama Mkubwa Program is operational in nine Regions of Tanzania. Program goals are to strengthen community-based responses to meet the needs of OVC and to provide psychosocial support for OVC. To accomplish program goals, TSA focuses on building capacity at the community level, aiming to empower communities with skills for:

- collective identification of the problems faced by children, youth and families as well as collective resources for addressing identified problems;
- provision of psychosocial support through implementation of kids clubs; and
- ongoing support to OVC and their families through home visiting.

As outlined in the framework on pages 20-21, TSA activities impact child well-being through community mobilization and action that target OVC directly as well as indirectly through community- and family-level change. Community volunteers believe that strengthening community and family support provides opportunities for OVC that reduce isolation and help them feel part of the community. Instead of life defined by being an “orphan” or “vulnerable child,” children can realize their special gifts and build relationships with their peers. As conveyed by one teacher who volunteers with a kids club in Shilanga: “Children understand they belong in the community and forget their problems.”

## Key Program Activities

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The following key activities instrumental to accomplishing program goals are planned and implemented by community members with support from TSA field staff.

**Mama Mkubwa committees** — Program implementation begins with formation of community Mama Mkubwa committees. TSA field staff members conduct initial community mobilization activities and facilitate Mama Mkubwa committee formation. Committee volunteers are selected by community leaders and committee size is generally dependent on village size, ranging from fewer than 10 to more than 30 members. Volunteer committee members carry out activities targeting families, children, and their community to benefit OVC and their caregivers. To strengthen committee capacity to support children and families and facilitate community mobilization, one representative from each committee participates in a five-day regional training conducted by TSA staff. Training covers psychosocial support topics, community counseling techniques, and kids club guidance. Training attendees are expected to share knowledge and ideas from training with fellow committee members.

Committees form their own rules, leadership structure, and subcommittees. Meetings occur once per month wherein members report on services provided and plan the next month's activities, including kids club meetings and assignment of volunteers to children identified for home visits. On a monthly basis, each committee submits copies to TSA field staff of work plans, as well as monitoring forms and a summary report. Subcommittees are generally formed to define member responsibilities and commonly include home visiting, community counseling, kids club, youth/kids committee, and treasury/financial. Activities (e.g. home visiting) are carried out by respective subcommittee members.

**Kids clubs** — Kids clubs provide a forum to deliver psychological, social, and emotional support to OVC, and are open to all children and youth in the community. On average, kids clubs are held twice a week. Participants are generally children of primary school age (aged 8 to 14 years); however, there are no age restrictions and clubs generally serve additional participants aged 4 to 7 years and may have post-primary-school-age attendees. Each club is expected to have no more than 40 children, and therefore villages may have more than one club. Kids clubs activities vary widely among communities,



as volunteers are encouraged to form their own agendas grounded in training on foundational topics (i.e., psychosocial support, community counseling, Journey of Life, OVC needs, volunteerism). For many communities, kids clubs may simply entail organized recreational activities. Other communities may utilize club meetings to teach children life skills, traditional games, song, dance, handicrafts, and local trades. Some volunteers divide children into small groups and facilitate discussion and collaborative problem solving. Kids club guidelines are under development to provide regulation and structure.

The kids club approach to psychosocial support was first developed by TSA in Zimbabwe as an important avenue for providing ongoing community-based psychosocial support to OVC following their experiences at the short-term residential Masiye Camp for OVC (see [www.masiye.com](http://www.masiye.com)). The kids club approach was documented as part of the UNAIDS Best Practice Collection in 2001 (*UNAIDS, 2001a*).

**Home visiting** — Home visits to OVC and their families are conducted by Mama Mkubwa committee members and provide a mechanism for delivering psychosocial support, referral, and any material support the committee or community is able to provide (e.g., exercise books or food). Families are identified to receive home visits by committee members based on local definitions of vulnerability. Volunteers spend initial home visits building relationships and trust with families and asking questions to assess needs. Subsequent visits provide ongoing supportive listening, encouragement, problem solving, and monitoring of the family and their needs. Volunteers are encouraged to visit a client twice a month, however they may visit only once a month. Each home visit typically lasts between 15 minutes to one hour.

Whereas kids clubs focus support and attention on children and youth, the focus of home visits is typically on supporting parents or guardians. Volunteers typically inquire about the well-being of family members, and provide encouragement and problem solving. If a solution cannot be identified during the visit, volunteers promise to report problems to the committee or local leaders for further intervention. For example, local leaders may be called upon to address land or rights issues, or asked to help mobilize resources to address cases of extreme need. Volunteers may offer information on topics such as nutrition or health, may provide encouragement to the parent or guardian to be more attentive to children's needs, and may offer ideas or

advice on income generation. Volunteers may spend some time with children, providing encouragement and positive reinforcement of good behavior and coping. Finally, volunteers often try to bring something small on home visits such as soap; however, they often cannot afford to do so. Substantial offerings, such as food, are rarely provided.

**Community counseling** — Community counseling is an avenue for advocacy and resource mobilization, and occurs through volunteer-initiated meetings with local leaders and community members. Community counseling meetings can take place as part of other community meetings, such as those led by village leaders. At these meetings, community leaders give a platform to the Mama Mkubwa committee as well as legitimacy to their cause. Sensitization meetings observed in Mbeya Region villages focused on the situation of vulnerable children without discussing HIV and AIDS, however other communities reportedly have a stronger focus on sensitizing and mobilizing the community around HIV and AIDS issues. Some committees utilize community meetings to deliver material support to families in need, such as school materials and uniforms. As most of the material support provided to OVC and their families comes from community contributions, distribution during community meetings accomplishes both transparency to the community regarding usage of their contributions and reportedly engenders a sense of community support in the recipient.

Advocacy and resource mobilization also occur as part of community counseling through volunteer arrangement of individual meetings; volunteers may meet with key individuals such as teachers, health workers, village and sub-village leaders, or religious leaders. In more urban areas, they may meet with individuals representing hospitals or NGOs. Volunteers are given the freedom to make appropriate linkages. Meetings with key individuals are important to mobilize general support for OVC in the community, as well as support for the individual needs of specific children. Meeting with a pastor may, for example, result in the pastor giving a sermon or taking a collection for OVC. Meeting with a teacher may sensitize the teacher to the plight of an individual child, and result in special attention paid to the child's needs or or the teacher may refrain from punishing the child when he or she does not have a school uniform.

TSA's approach to community counseling in Tanzania has grown out of 20 years of experience in community-based efforts to prevent HIV and mitigate

the impact of HIV and AIDS on children and families. Community counseling developed out of early response to the first AIDS patients presenting at TSA's Chikankata Hospital in Zambia. Community counseling has subsequently been utilized to mobilize communities grappling with various issues in settings worldwide and has been documented by the Synergy Project (*Lucas, 2004*) and UNAIDS (*UNAIDS, 2001b*). The approach has additionally been utilized in development of the United Nations Development Programme's Community Capacity Enhancement Handbook (*Gueye, Diouf, Chaava & Tiomkin, 2005*).

## Beneficiaries

OVC are eligible for services until they are aged 18 years; however, the bulk of kids club participants are primary school age (aged 8 to 14 years). Some kids clubs also involve a small number of pre-school age children (aged 4 to 7 years). Home visits typically focus on parents and guardians, though support provided to these adults may strengthen caregiver capacity to care for children of all ages. Community counseling principally focuses on gathering resources to support primary school age children (e.g., school materials); however, some communities have mobilized resources to assist adolescents (e.g., financially supporting students in secondary school). Ideally, conditions for OVC served should improve to the extent that they no longer need program services. This type of "graduation," however, has not yet occurred.

Identification of OVC is conducted by Mama Mkubwa committee members together with TSA field staff and, where MVCCs are in place, identification can be informed by local MVCCs. Criteria of vulnerability is set by the community and can include orphans; disabled, abused, or neglected children; adolescent mothers; street children; children not attending school; and children with ill parents. Ngulilo village reported utilizing the input of other village committees to identify OVC including the village health committee and school committees. Once children are identified as OVC, they are served through kids clubs or home visits.

In addition to identified OVC, kids clubs draw children and youth participants from the entire community. Home visits target the neediest children. Some committees have found it useful to utilize referrals from kids club volunteers to identify OVC in need of home visiting attention; this referral process is encouraged during the training of volunteers.

# The Salvation Army Ma

TSA aims to serve 40,000 OVC in 300 commu  
TSA mobilizes Mama Mkubwa committees  
to meet the psychosocial need

## Program

1. To strengthen community-based r
2. To provide psychos

### Salvation Army Activities

- Conduct initial community counseling & sensitization meetings
- Facilitate community identification of vulnerable children and families
- Organize and train Mama Mkubwa committees (e.g., home visiting skills, kids club activities, community counseling techniques, monitoring forms)
- Monitor committee activities
- Provide kids club kits to committees
- Provide educational materials (i.e., psychosocial support, community counseling) to Mama Mkubwa committees



### Community-Led Activities

*Carried out by Mama Mkubwa committee members with support of village leaders:*

- Community sensitization and mobilization through community meetings
- Resource mobilization from community members for OVC support
- Regular home visits to OVC and their families
- Kids clubs open to all children and youth in the community

# Mama Mkubwa Program

unities across Tanzania between 2005 and 2010.  
at the village level and builds their capacity  
ds of OVC and their families.

## m Goals

responses to meet the needs of OVC  
social support to OVC

### Family and Community Outcomes

- *Psychosocial and Child Protection:* parents, guardians and community members are more attentive to the needs of OVC; improved psychosocial health of parents and guardians caring for OVC
- *Community Support:* reduced isolation of vulnerable families; stigma reduction in the community and household

### Child and Adolescent Outcomes

- *Education:* increased school attendance and performance
- *Psychosocial and Child Protection:* improved emotional and psychological well-being; increased perceived coping capacity; improved behavior, particularly reduced externalizing behaviors; reduced child labor; relationship/secure attachment to a caring adult — volunteer, parent and/or guardian; reduced household discrimination (abuse and neglect)
- *Community Support:* reduced community discrimination (e.g., school, peers, neighbors); increased perceived social and community support

## Services

Services outlined below are provided by Mama Mkubwa volunteers, however variations in service delivery between communities is great and is highly dependent on committee member creativity, commitment, skills, knowledge, and interests. TSA strives to strengthen communities through mobilization and strengthening of existing potential and resources and therefore a degree of variation is expected within program standards and expectations. Examples of community resources built upon in service delivery include volunteer utilization of pre-existing knowledge on topics such as health, nutrition, or child development. Volunteers who have knowledge of participatory methods can engage children in small group work at kids clubs. Volunteers who are well-connected locally or regionally will be more adept at mobilizing resources to meet client needs. At the committee level, volunteers may organize themselves in revolving funds or income-generating activities to support themselves or assist OVC. Variation in service delivery is also dependent on the number of volunteers available in a community and the number of OVC identified. Finally, seasonal factors also affect service frequency as there may be a substantial reduction in home visiting and kids clubs during the rainy season, or during times of planting and harvesting. The range of potential services is described below.

**Psychosocial support** — Services include counseling and peer support provided during kids clubs. Small group discussions may be utilized during kids clubs to foster peer support and problem solving.

**Education support** — Education support is provided to the extent that communities identify it as a need and are able to provide. School materials, uniforms and/or fees may be given to a limited number of children if mobilized and distributed by the committee.

**Health service provision** — Health service provision is limited to HIV and AIDS prevention education and is provided to the extent that committees possess knowledge and are comfortable with sensitization and community education. Where committee members are knowledgeable and comfortable, prevention education is provided during community meetings, home visits and kids clubs.

**Community support** — Community support is provided through community sensitization and mobilization around OVC needs. Ongoing sensitization

and mobilization is the backbone of the program as service provision and activities for children and families occur at a level commensurate with community commitment and support. As a result, OVC benefit from in-kind contributions, reduced stigma and discrimination and increased support networks, however the level will vary from one community to another.

**Family services** — Family services include support and counseling to parents and guardians during home visits. Volunteers may offer advice, OVC care and support strategies and information, and encouragement to continue supporting orphans.

## **Unmet Needs**

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The Mama Mkubwa program focuses on psychosocial support and community sensitization and mobilization. In the course of its work, volunteers and community members have identified several outstanding unmet needs in the areas of health, nutrition, child protection, and economic opportunity/strengthening, as well as adolescent-specific services.

**Volunteers training** — Volunteers are largely unable to address illness and malnutrition in children. Volunteer training does not address health or nutrition education. Furthermore, when a sick or malnourished child is identified, volunteers are often unable to mobilize resources to provide nutritional support, medicine, or transportation to a medical facility. Child health and nutrition issues therefore persist unaddressed.

**Adolescent needs** — The needs of adolescents are largely unaddressed by the program. Kids club activities generally target and are most appropriate for primary school age children (i.e., children's games as opposed to activities adolescents may prefer); however TSA is developing a curriculum that would assist volunteers in implementing sessions on life skills topics, including sexual and reproductive health. Post-primary school adolescents would benefit from services to build livelihoods and life skills. Vocational training, financial support for secondary school attendance, age-appropriate psychosocial support, HIV and AIDS prevention education, and risk behavior reduction initiatives are largely unmet needs.

**Parents and guardians of OVC** — Parents and guardians of OVC desire microcredit or income generating activities (IGA). Single mothers and grandmothers caring for orphans are particularly in need of strategies to earn

income in order to support their families. Volunteers do not receive IGA training and therefore are largely unable to assist families with IGA strategies. TSA is piloting the WORTH Program to teach women literacy and IGA skills. With TSA training materials and support, women teach themselves how to read and write, keep their own business records, account for group and personal savings, run their own businesses, and manage their own village banks. TSA mobilizes the formation of small groups for training, savings and micro-enterprise. While to date the majority of Mama Mkubwa Program sites lack the WORTH Program, TSA is planning to utilize WORTH training components as part of the training Mama Mkubwa volunteers receive.

## Community Ownership

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*“I asked one community, ‘who is the owner of the Mama Mkubwa Program,’ and one person replied ‘Salvation Army.’ Others started laughing and said ‘No! We are the owners!’ So they know who is going to solve the problems of their children.”*  
— TSA field supervisor

With all support and resources focused on mobilizing the community, TSA aims to engender community responsibility for the program and its continuation. As a result, communities reportedly feel the program belongs to them, not to TSA. Field staff believe their work strengthens the community and empowers sustainable work. Key strategies adopted by the program for engendering community ownership are described below.

**Community leaders** — Leaders in the community catalyze and monitor program activities. Supported by TSA field staff, community leaders (i.e., village and sub-village chairpersons, and village council members) initiate community sensitization and mobilization by calling initial community meetings and assisting TSA in the community counseling process. Community leaders select Mama Mkubwa committee volunteers and often play an ongoing supportive role in committee activities. For example, village leaders often support committee work by giving committee members a platform at community meetings to sensitize and mobilize support for their work.

**Promoting community responsibility for OVC** — To promote community ownership, TSA field staff follow several guiding principles, including the concept of “I am, I have, I can” to help community members understand



that they have something to give and that they are capable of giving. Utilizing this framework to identify resources aims to incite action through increased motivation. Field staff also report posing the question to the community: “Who is responsible for helping the children of this community?” This question typically engages the community in a discussion that eventually leads to a stronger sense of ownership and a call to action.

**Community action planning** — Initial community counseling facilitates creation of a community action plan. Community members create a plan to serve OVC in their community with service provision structured by formation of Mama Mkubwa committees. To guide activities and services, Mama Mkubwa committee volunteers have the responsibility of ensuring successful implementation of action plans. Volunteers are allocated specific responsibilities in relation to goals (e.g., kids club volunteers are responsible for implementing a kids club). In addition to an initial action plan, committees create monthly work plans to serve specific children and families. Committee members carry out action plan activities with support from the community (i.e., money, goods, or services).

**Community-identified OVC** — Identifying OVC is based upon local definitions of vulnerability. Communities have responsibility and control over beneficiary criteria and selection. TSA and local leaders facilitate community identification of vulnerability and, based on these definitions, committee members identify specific OVC to receive program services.

**Leadership roles for OVC** — TSA encourages all Mama Mkubwa committees to include a kids/youth sub-committee. For example, Shilanga’s youth committee has three young people aged 15 or 16. The kids/youth sub-committee provides leadership roles for OVC. The youth are responsible for identifying and reporting back to the committee problems facing specific children at school (e.g., a child lacking shoes) and also provide youth perspective on program activities.

**Direct material support and services** — TSA does not provide material support or fund formal service provision for beneficiaries; meeting material and service needs are the responsibility of the community. While there are limits to the extent in which poor communities can provide goods and services to their most vulnerable members, the model aims to foster community solutions within community means.

*“Many community members are happy because we teach them self-sufficiency. Other NGOs, they give direct support without giving the community any training, but we teach the community to solve their problems with their own resources. It has succeeded because we teach the community members and involve them in solving their children’s problems.” — TSA field supervisor*

The Mama Mkubwa program provides an example of efforts that go beyond community involvement in OVC service provision by focusing on community ownership and leadership. John Williamson, a senior technical advisor to USAID’s Displaced Children and Orphans Fund, describes a typology of interventions for OVC that categorizes programs as direct service delivery; service delivery through community participation; or community owned, led, and managed activities (Williamson, 2003). The Mama Mkubwa Program focuses on community ownership and leadership by facilitating community self-analysis, problem solving, and action planning. The model utilizes community resources to provide services and continuity is largely determined by community commitment and the availability of local resources. What differentiates TSA’s model from being completely community owned, led, and managed is the framework for action determined by TSA and given to communities (i.e., kids clubs and home visiting). Williamson notes that when an initiative is introduced by an outside body, sense of responsibility remains with the initiating body; community members will continue to look to the outside organization for ongoing support. While the Mama Mkubwa model introduces, to some extent, specific initiatives and activities, experience to-date suggests the model encourages strong community ownership and leadership in which activities are likely to continue over time, with minimal dependence on or expectation of outside support. Community leaders and Mama Mkubwa volunteers appear to possess a sense of responsibility for ensuring continuity of the program over time.

## Resources



During community counseling at a village meeting in Ngulilo, community members donate money to the Mama Mkubwa committee to assist guardians caring for orphans and vulnerable children. Photo by Megan Littrell.

The Mama Mkubwa Program draws upon resources and contributions of donors, staff, community volunteers, and community members to address the needs of OVC and their families.

### Donors

The Mama Mkubwa program is funded by the Emergency Fund through USAID. Donor funds are primarily allocated towards indirect costs involved in community sensitization and mobilization, including operational costs, staff salaries, and training expenses. Donor funds additionally fund

the provision of kids club kits to communities. Kits include basic sports and recreation equipment (i.e., balls, rice sacks, jumping ropes, whistles, tennis balls, poles, and rings). Initial funding from various donors started in 2000, and was used to empower communities to create their own psychosocial support camps and kids clubs. TSA was first awarded Emergency Fund assistance in 2005, to continue community-based work aimed at improving the physical, psychosocial, and economic well-being of OVC in Tanzania.

### Program Staff

TSA employs local staff in the following positions: program manager, M&E specialist, and accountant based at country headquarters, as well as 10 full-time field supervisors and seven part-time field supervisors who are based in nine regions. Field staff (coordinators and supervisors) are also regionally based. They are jointly responsible for community sensitization and mobilization; initial training, and ongoing mentoring to Mama Mkubwa committees; and for monitoring committee activities. Field coordinators and supervisors generally divide the regional workload among themselves, based on geographic coverage areas. The number of communities a field supervisor is responsible for varies widely, from fewer than 10 to more than 30. While initial monitoring of new committees may take place monthly, more experienced committees are generally visited on a quarterly basis by TSA field staff.

## Volunteers

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Mama Mkubwa volunteers are not provided with any type of compensation or incentive from TSA for their community work. Volunteers are typically trusted members of the community who are educated and possess good communication skills. Committee members are generally required to be literate (important for reporting). Successful volunteers are able to allot time for volunteering among their other responsibilities, such as home duties, work in the fields, or other employment. Volunteers report that they must be patient, flexible, able to cope in many different situations, compassionate, able to keep confidentiality, and be committed and dedicated to volunteerism. Volunteers implementing kids clubs should enjoy playing games with children and possess knowledge of games, as well as counseling skills.

The bulk of volunteer time committed by Mama Mkubwa committee members comes from those engaged in either home visiting or kids clubs. Volunteers engaged in home visiting in Shilanga reported volunteering an average of four hours per week, while in Ngulilio volunteers report an average of two hours committed per week. Volunteers providing kids clubs for the community typically spend one hour per club meeting, with an average of two hours per week. Committee members not engaged in home visiting or kids clubs reportedly spend an average of two hours per month on committee activities. In addition to committee members, community members are often engaged in service provision, particularly in kids club activities. In Ngulilio, for example, several teachers who are not committee members make the kids clubs possible, and have linked their work with the school activities committees.

## Community In-Kind Contributions

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A number of committees collect donations from members during monthly meetings. Shilanga's committee reported collecting 200 TSH from each member, averaging about 4,800 TSH per month (about U.S. \$3.80) and Ngulilio reported collecting an average of 4,000 TSH (about U.S. \$3.20) per month. Shilanga Mama Mkubwa committee reports that, in an average month, they can collect through community counseling meetings 5,000 TSH (about U.S. \$4). Some committees have organized meetings specifically focused on fund-raising, providing refreshments and targeting leaders for contributions. Shilanga committee members held their first annual fund-raising meeting in April 2006 and collected 54,000 TSH (about U.S. \$43). Community contributions allow committees to purchase and distribute material support, most commonly school materials and uniforms.

TSA field staff also report contributing to committee efforts from their own pockets, particularly when a strong community commitment and effort is present. For example, field staff in Mbeya Region described one community's efforts to send a young woman to secondary school. They raised funds to cover school fees, however they were unable to cover uniform costs. Without the uniform, she would not be able to attend. Field staff in the region contributed enough to collectively cover the cost of her uniform.

## Lessons Learned



A Mama Mkubwa volunteer provides encouragement to a family during home visiting in Shilanga.  
Photo by Megan Littrell.

Community volunteers and TSA staff have identified a number of lessons learned through program implementation; they have tested various innovations and experienced successes and challenges.

### Program Challenges

#### **The many needs of OVC households —**

In their individual family assessments and ongoing work with families, volunteers often identify great needs for material support (e.g., food, shelter, bedding, school materials, and uniforms); however, they are

largely unable to meet these needs due to the limited potential for mobilizing resources in poor communities. They note that families in need often hold high expectations of volunteers for assistance that they are unable to provide. Community members working to mobilize resources report feeling frustrated when they are unsuccessful at mobilizing significant support and feel as though TSA is not contributing to their efforts.

**Kids club training, guidance, and equipment —** Regional volunteer trainings address kids clubs to some extent; however, most committee members are not selected to attend the training. Also, trainings can occur several months after committee formation, leaving volunteers to implement clubs without guidance or training. TSA is developing a kids club guide. Guidance from field staff for implementing a kids club is extremely limited, due to the small amount of time field staff have available for committee work supervision. Field staff also report that several communities have yet to receive kids club kits. Implementation is often based on the skills, ideas, and equipment already possessed by the volunteers, which is variable and may be limited.

**Social, medical, and transport services in rural areas —** Volunteers in rural areas face challenges assisting OVC and their families due to very limited social, medical, and transport services. Lack of transportation impacts volunteer capacity to conduct regular home visits. In addition, medical or other services

are often not available and referral is impractical due to transportation barriers. The general lack of services in rural areas means volunteers can only facilitate access to the few services that are available.

**Economic strengthening for volunteers** — Volunteers note that micro-credit or IGA for volunteers is an important missing program component. While volunteers desire to contribute to their community through committee work, they highlight the need for some type of incentive (IGA or micro-credit) to sustain efforts.

**Time allotted for community engagement process** — Field staff currently allocate five days to complete the entire community entry and engagement process, but believe 10 to 14 days are needed to engage stakeholders fully at all levels and to prepare the committee properly.

**Volunteer and local leader requests for compensation** — Community entry and engagement is reportedly challenging for field staff due to high expectations from volunteers desiring compensation for their time, transportation allowances, or bicycles. Expectations for compensation are common among local leaders as well as potential community volunteers. High expectations are found in both urban and rural communities, however field staff note that mobilization is particularly challenging in urban areas as urban leaders are more likely to request payment for their time and cooperation, and sense of community is not as strong among urban members.

**Geographically dispersed caseload** — TSA field staff are challenged by the ever increasing numbers of committees under their supervision, particularly in very rural areas that lack regular public transport. Scale-up efforts mean the addition of several communities each month, while support must continue to existing committees. For example, in Mbeya Region, three field staff manage eight, 13, and 32 committees each (newer field staff have fewer committees). Distance between rural villages and poor transportation options make supervision and support challenging.

**Limited regional training** — TSA provides a comprehensive five-day regional workshop to provide committee members with technical guidance in program implementation. However, only one member per committee is selected to attend. Field staff expressed concern that selecting one representative per committee could negatively impact committee solidarity and commitment.

They also highlight the value of all committee members receiving increased skills and motivation for their work. Although all committee members benefit from the ongoing advice and support that field staff provide, this is limited due to the many committees under staff supervision and continuous scale-up efforts. Field staff would like to see training organized at the village or district level that is inclusive of all committee members.

## **Program Innovations and Successes**

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Much of TSA's success and innovation lies in its community engagement process, thus contributing to community ownership. These and other innovations and successes are discussed below.

**Empowering local leaders** — Community leaders, such as village and sub-village chairpersons, are empowered to initiate and monitor Mama Mkubwa activities within their communities. They select committee members and support their work, for example, by giving them time at community meetings to mobilize community support. As a result of their central involvement in the program, community leaders reportedly feel pride in their community's response to the needs of OVC and their families, and play an important role in sustaining program activities.

**Helping communities create action plans** — Activities and services to serve OVC are the result of community-based action planning that stimulates dedication and mobilization of resources (i.e., volunteer time, goods and money). Community-based action planning reduces community dependency on TSA, fosters ownership, and unites community members in addressing the needs of vulnerable children and families.

**Beneficiary selection based on local definitions of vulnerability** — TSA and local leaders facilitate community identification of vulnerability and, based on these definitions, committee members identify specific OVC to receive program services. Community selection of beneficiaries capitalizes on local knowledge of vulnerability and promotes community ownership.

**Direct material support and service provision by the community** — Community responsibility to meet the material and service needs of OVC and families is encouraged and strengthened. TSA does not provide material support or fund formal service provision for beneficiaries but instead teaches committees and leaders strategies for mobilizing community support. With



very minimal material inputs and support, committees undertake community sensitization, kids clubs, and home visiting with a sense of commitment. Communities visited report experiencing a gradual increased understanding of the problems facing OVC and their families, and subsequent increased motivation to donate time and support. While there are limits on the extent to which poor communities can provide goods and services to those in need, the model demonstrates the power and commitment of communities to take action on behalf of their most vulnerable members.

**Community sensitization and mobilization in urban settings** — In urban environments where community sensitization and mobilization is often more challenging and obtaining support from local leaders difficult, field staff have developed techniques to strengthen the engagement process. One field supervisor describes success obtained through committee to committee visits wherein volunteers from model neighborhoods visit others and describe their work and successes. Another technique is to request the ward executive officer to call a meeting of neighborhood chairpersons and ask them to exchange updates on Mama Mkubwa committee work. Field staff explain that resistant communities and their leaders can be mobilized through exposure to the successes of other communities.

**Youth as active program participants** — The inclusion of youth on Mama Mkubwa committees facilitates youth participation and strengthens relevance and targeting of efforts. Including youth in committee work demonstrates a commitment to incorporating the ideas and experiences of youth in program implementation and fosters youth leadership skills.

## The Way Forward



Children at kids club in Ngulilo play games led by Mama Mkubwa volunteers. Photo by Megan Littrell.

By 2010, TSA aims to serve 40,000 OVC through the establishment of 300 committees in Tanzania. TSA supports the DSW's action plan for OVC, which includes creation of MVCCs to address the needs of vulnerable children and families (*GOT MoHSW, 2006*). As such, TSA will align community mobilization and training efforts with the plan and work to create and support MVCCs in new program areas, rather than creating parallel Mama Mkubwa committees. During the initial years of operation, Mama Mkubwa

committees grew in nine regions. USAID/Tanzania has requested that TSA concentrate its current efforts within four of the nine regions. As such, a system of graduation will be guided by a capacity checklist designed to inform decision-making regarding community capacity to sustain the program on its own. Additional OVC will be served in the coming years through committees established in the four regions. As community mobilization and committee formation undergo scale-up, TSA is complementing its activities with an economic strengthening project, WORTH, in partnership with the international NGO Pact. Created by Pact, the WORTH program strives to strengthen the economic well-being of female-headed households, thereby increasing their capacity to care for OVC. Action-oriented women's savings groups are created and are provided with guidance, as well as literacy, bookkeeping, and financial management training. The WORTH program was piloted in select regions of operation during the summer of 2006. It is anticipated that a total of 5,000 OVC households will be reached by 2010 as the program expands.

To increase understanding of the difference the Mama Mkubwa program makes on the lives of children, families, and communities, MEASURE Evaluation plans to conduct an impact assessment of the Mama Mkubwa Psychosocial Support Program in early 2007. The impact assessment will take place in Mbeya Rural District of Mbeya Region in Tanzania's southern highlands. A household survey among children and their primary parents

or guardians will be conducted within intervention communities where the program has been in operation for over four years, as well as in comparison communities. Impact assessment communities are in close proximity and are contextually similar to the Mbeya Region communities visited during case-study information gathering. One of the case-study communities, Shilanga village, will serve as an intervention community in the impact assessment. The impact assessment presents an opportunity to examine child outcomes resulting from TSA's community action and psychosocial support model.

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